

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001527**

<b>GENERATOR</b> (Generator Must Complete) <b>ALUMINUM COMPANY OF AMERICA</b> (2) Name <b>BERNOR WORKS</b> EPA NO. <b>C A D 0 7 4 1 2 6 6 8 1</b> Address <b>5151 Alcoa Ave.</b> Phone No. <b>588-6141</b> City, State, Zip <b>Vernon, Ca. 90058</b>		(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name <b>OPERATING INDUSTRIES, INC.</b> EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b> Address <b>900 N. Potrero Grande Dr.</b> City, State, Zip <b>Monterey Park, Ca.</b>		(4) Alternate TSD Facility Name <b>CHEMICAL WASTE MANAGEMENT INC.</b> EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b> Address <b>P.O. Box 1104, 430 W. Elm Ave.</b> City, State, Zip <b>Coalinga, Ca. 93210</b>	
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SFUND RECORDS CTR  
999000332

(5) U.S. DOT PROPER SHIPPING NAME <b>WASTE</b> <b>WASTE</b>	U.S. DOT HAZARD CLASS  	UN/NA ID NO.  	WEIGHT OR VOLUME  	UNITS  	CONTAINERS NUMBER: _____ TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER _____
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(6) WASTE CATEGORY <b>#7</b> LIST COMPONENTS:		(7) EX. HAZ. WASTE PERMIT NO. _____		(8) GENERATING PROCESS <b>Aluminum Fabrication</b>			
(9) A. _____ B. _____ C. _____ D. _____	CONC. UPPER  	RANGE LOWER  	UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____ F. _____ G. _____ Non Hazardous Material <b>100</b> %	CONC. UPPER  	RANGE LOWER  	UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm.
(10) WASTE PROPERTIES: pH <b>7</b> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen							
(11) PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <b>Aluminum Oxides &amp; Water</b>							
(12) SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____							

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

<b>TRANSPORTER</b> (HAULER MUST COMPLETE) (14) NAME <b>ASBURY OIL CO.</b> EPA NO. <b>C A D 0 2 8 2 7 7 0 3 6</b> ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. <b>(213) 321-1392</b> CITY, STATE, ZIP <b>Gardena, California 90249</b>		(13) _____ Signature of Authorized Agent and Title  (15) PICK-UP DATE <b>4-10-81</b> TIME <b>10:30</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <b>4-10-81</b> Date Shipped	
(16) _____ Signature of Authorized Agent and Title		Date	

<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE) (17) NAME <b>OPERATING INDUSTRIES, INC.</b> QUANTITY (If Measured) <b>100 BBL</b> EPA NO. <b>C A T 0 8 0 0 1 2 0 2 4</b> 19 STATE FEE (If Any) _____ PHONE NO. _____ (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____ (22) NAME _____ EPA NO. _____		(21) HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer  (23) _____ Signature of Authorized Agent and Title  <b>4-10-81</b> Date Accepted	
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